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Assistant Commissioner for Patents
Washington, D.C. 20231

SEP 05 2000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

022249
LYON & LYON
SUITE 4700
633 WEST FIFTH STREET
LOS ANGELES CA 90071-2066

LMC1/0605

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

ALMA VASQUEZ

(Depositor's name)

Alma Vasquez

(Signature)

9/11/00

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/245,823	02/05/99	017	MAI, R	2787 06/05/00
First Named Applicant	SON, WILLIAM Y.			

TITLE OF INVENTION SYSTEM AND METHOD FOR AUTOMATIC DEVICE SYNCHRONIZATION

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-2475. A duplicate copy of this sheet is enclosed.

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
0 240/042	713-400.000	N39	UTILITY	YES	\$605.00	09/05/00
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.						1 LYON & LYON LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NEOPPOINT, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

LA JOLLA, CALIFORNIA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual Corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commission of Patents and Trademarks): CHECK NO. 12697

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4b. The following fees or deficiency in these fees should be charged to:

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(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee
 Advance Order - # of Copies 88

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

09/11/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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TRANSMIT THIS FORM WITH FEE

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